

Highly Qualified Individual Teacher Plan

Pursuant to requirements mandated by P.L. 107-110 No Child Left Behind Legislation

This completed form should be retained at the school

Tion Home, Sup	erintendent of Public Instruction			THIS COIT	ipieteu	TOTTI SHOUL	De retained a	ı ıne	3011001.		1	1	
Name:					School:						Date		
LEA:					ertifyir	ng Principa	l:						
Current Teaching Assignment - Grade level:				С	Content Area (s):								
Check appropria	ate certific	cation:											
Elementary Certi	ficate		S	econdary Certifi	cate				Special Education	n Certificate			
Grade K - 6			Approved Area(s):		List each area on your certificate:			Disability Area(s)):	•	•		
Middle School 7 - 8								Teacher of Record in:					
Approved Area(s):		ate:						Elementary K - 6					
									Middle School 7 - 8 High School 9 - 12				
													4 11015
_		alified in the sub		_	_		ou must com	plet	e this Action Plan	to fulfill the	e requi	rement	for NCLB.
Charter Schools Only:			Di	District and Charte					Professional				I
BA/BS Degree Charter Schools	Projected Completion Date Completed			Convert Emergency Certificate		ojected npletion Date	Completed	S	Subject Knowledge Competency	Projected Completion Date		npleted	District Funding Source
List courses required:				AEPA					AEPA (if available)				
			L	ist course work:					List course work:				
			Eni	roll in an alternative path program									
Principal's Ve	rification	n of Drogress											
•		ployee Commitn	nent:	□ Comp	leted		In Progres	S					
Signature of Principal					Signature of Employee					Date			
Mid-year Review Acknowledgement: □ C					leted		In Progres	S					
Signature of Principal					Signature of Employee					Date			
Completion or	End-of-Ye	ear Review Verific	cation:	☐ Comp	leted		In Progres	S					
Signature	Si	Signature of Employee											
													4/25/08